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Unusual presentations of feline cowpox

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Dear Editor,

We would like to share with colleagues a significant increase in the number and severity of feline cowpox (FPxV) cases positively diagnosed in the UK in recent weeks.

At a recent meeting of ISCAID (International Society for Companion Animal Infectious Diseases) it was noted by several clinicians, as well as the authors, that the severity of presenting skin lesions in a number of these cases was markedly atypical. Cases appear to be presenting with large areas of focal dermal necrosis (eschars) and/or extensive erythema and oedema (Figure 1). This presentation is not concordant with the usual clinical signs of small, well demarcated ulcerated skin lesions (Figure 2), which spontaneously resolve¹. FPxV is also known to be associated with severe pneumonia in a number of cats¹. As well as an increase in the number of tissue samples being submitted by practitioners for histological examination, the sample appearance is also much more severe than usual (Figure 3). These more virulent presentations have been documented across the UK, with cases confirmed in practices as distant as Edinburgh and Bristol.

It is important that colleagues are aware of these changes because, whilst rare, FPxV can infect owners resulting in a potentially life threatening infection^{1,2}. FPxV cases tend to peak in the autumn, annually, as this is when the reservoir host numbers (bank voles, field voles and wood mice) are at their greatest and this year the weather has been appropriate for a boon in rodent numbers¹.

Incidentally, this is also supported by a similar increase in the number of feline lungworm cases (being caused by either *Aelurostrongylus abstrusus* or *Capillaria aerophila* [aka *Eucoleus aerophilus*]) being diagnosed at the present time in the UK, as numbers of slugs and snails may also be increased.

It is also possible that the observed change in clinical severity of FPxV infections, and to some extent the increase in case frequency, represents the circulation of a new or particularly virulent viral strain of FPxV than has previously been documented in the UK. An increase in viral virulence may have implications for zoonotic transmission and severity of transmitted disease, therefore the authors would like to be made aware of any such cases. Whereas typical FPxV lesions frequently spontaneously resolve, in these severe cases more aggressive therapy may be required including hospitalisation for non-specific supportive care as well as the use of more targeted therapy such as recombinant interferon. In all cases of FPxV, the use of exogenous corticosteroids is contraindicated.

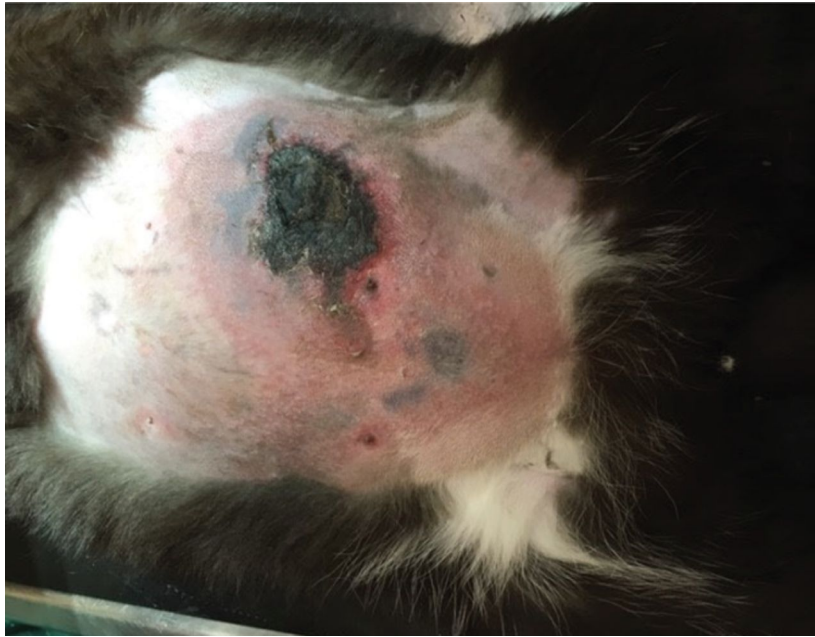


Figure 1: A well demarcated focally extensive area of dermal necrosis (eschar) with surrounding tissue erythema and oedema on the ventral abdomen of a male DSH cat due to FPxV infection. *Picture courtesy of Julia Henken.*

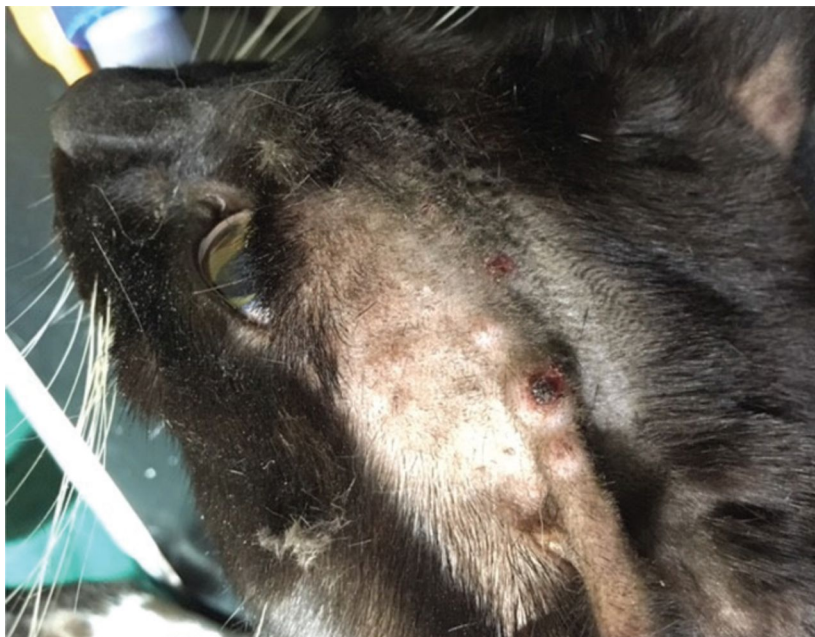


Figure 2: Typical small, well demarcated, raised alopecic and ulcerated skin nodules on the head of a male DSH cat due to FPxV infection. *Picture courtesy of Julia Henken.*

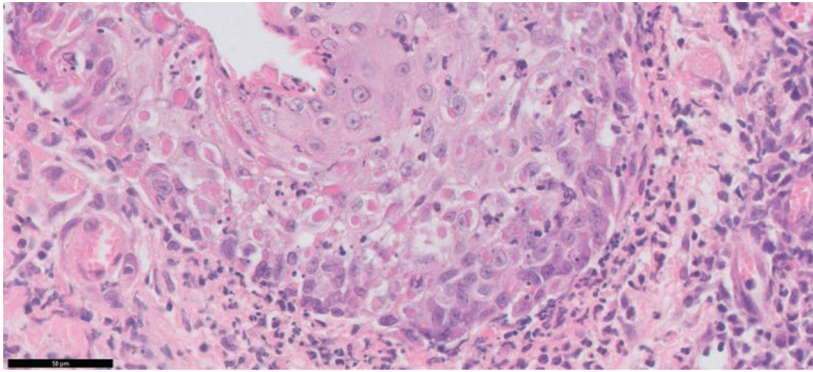


Figure 3: Histological examination of skin biopsy (40x magnification, haematoxylin and eosin staining) demonstrating severe response to FPxV infection including eosinophilic viral inclusion bodies. *Picture courtesy of Melanie Dobromylskyj and Richard Fox.*

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